

# Child Care, Youth Development, and Summer Day Camps During the Covid-19 Outbreak

Many parents and guardians need child care for children birth through school-age, as well as youth development opportunities for children age 13 through high school. As Washington State progresses through the phases of reopening, more families will return to work. This means the availability of care and youth development opportunities are critical as we move through the summer.

In order to reduce the risk of virus transmission between children, youth, and staff; businesses, non-profits, cities, counties, and other entities should use this guidance for all programs serving groups of children and youth from multiple households. Authorization to open specific types of programs is governed by Governor Inslee's [Safe Start](#) Washington Recovery Plan and the ongoing guidance issued under the Plan. The Safe Start plan for reopening Washington State does not address childcare or education. Child care has remained open and may continue to operate. We recommend that Summer Day Camp and Youth Programming included in this guidance, start when their school year typically ends and note this varies across the state

This guidance focuses on practices for children and youth activities that lower the risk for spread of COVID-19.

- The more people interact with others from outside their own household, the closer that interaction, and the longer that interaction, the higher the risk of COVID-19 spread.
- Families who are able to safely keep their children and youth home should continue to do so, but we understand this is not always possible.
- Children should only attend programs in their local, geographic area.

## Program Types Included in this guide:

- DCYF licensed programs and the Early Childhood Education and Assistance Program (ECEAP)
- Licensed-exempt programs
- Day camps, including includes specialty camps like sports camps. Any day camp including sports related activities must also follow the [Governor's Guidelines for Sporting Activities](#) and [CDC Guidance for Youth Sports](#).
- Outdoor preschool, including part day and license exempt
- Youth Development programs such as activities and experiences that help youth develop social, emotional, physical, and cognitive abilities
- Expanded learning opportunities, including programs for youth after-school and in the summer that complement academic and/or social emotional learning, such as Boys & Girls

Clubs, YMCA youth development programming, other culturally-based and identify-based programs. This includes programs funded under the federal Nita M. Lowery 21<sup>st</sup> Century Community Learning Centers program.

- Extended academic learning such as formal mentoring programs, tutoring-only programming, college prep
- Child care, youth development and summer day camps held in K-12 facilities

### Not included in this guide:

- Overnight Camps
- Activities included as part of K-12 basic education or special education programs

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## General guidance

Do not allow children, youth, staff, vendors, parents/guardians, or guests on-site if they:

- are showing [symptoms of COVID-19](#).
- have been in close contact\* with someone who has confirmed or suspected COVID-19 in the last 14 days.

\*Health care providers and EMS workers who wore proper personal protective equipment (PPE) are OK.

Ensure staff are trained in health and safety protocols for your site, including how to screen for symptoms, handwashing, maintain physical distance, frequent cleaning, and what to do if someone develops signs of COVID-19.

Cloth facial coverings must be worn by children aged five years and older and every staff member not working alone at the location in an office or vehicle, unless their exposure dictates a higher level of protection under Department of Labor & Industries safety and health rules and guidance. Refer to [Coronavirus Facial Covering and Mask Requirements](#) for additional details.

Communicate regularly with families and staff, and emphasize the importance of staying home when sick, physical distancing, hand hygiene, as well as the use of cloth face coverings when appropriate.

Monitor child and employee attendance and absences, have flexible leave policies and practices, and have access to trained substitutes to support employee absences.

### People at High Risk for Serious Health Problems from COVID-19

Those at [high risk](#)\* for health problems from COVID-19 should consult with their health care provider when considering whether to provide or participate in child care, youth development opportunities, or summer day camps.

Protections for employees at high risk for health problems remain in place under [Proclamation 20-46](#).

### Drop-Off and Pick-Up

- Develop a system for drop off and pick up that keeps families physically distant from each other and reduces the need for families to enter the program space. This may include staggering drop off and pick up times for various groups, one-way traffic flows, greeting children and youth at their vehicle, or placing distancing markers on walkways.
- Wash hands or use hand gel before and after signing in and out. If you can, place hand gel near sign-in station. Hand gel should be at least 60% alcohol, fragrance-free whenever possible, and kept out of the reach of children.

- Parents should use their own pen when signing in. If check-in is electronic, provide alcohol wipes with 70% alcohol to clean screens or keyboards often.
- Suggest families have the same adult drop off and pick up the child each day and avoid carpooling when possible.

## Health Screening at Entry

Check for signs of being sick for all staff, children, and youth at entry each day. Ask the parent or guardian to take the child's temperature at home, or on site in front of you, at least 6 feet away. At drop-off and pick-up times with the child's family, keep at least a 6-foot distance.

For more information or options for temperature checking, see the [CDC guidance](#).

Staff, children, or youth sick with any illness must stay home. Ask the parents or guardians the following questions:

- Does your child/youth have any of the following [symptoms](#) that are not attributable to another condition? [on the first day for a new program or for a new child/youth, please ask about symptoms in the past 3 days (72 hours)]:
  - A cough
  - Shortness of breath or difficulty breathing
  - A fever of 100.4°F or higher or a sense of having a fever
  - A sore throat
  - Chills
  - New loss of taste or smell
  - Muscle or body aches
  - Nausea/vomiting/diarrhea
  - Congestion/running nose – not related to seasonal allergies
  - Unusual fatigue
- Does anyone in your household have any of the above symptoms?
- Has your child/youth been in close contact with anyone with suspected or confirmed COVID-19?
- Has your child/youth had any medication to reduce a fever before coming to care?

Do not care for the child or youth if the answer to any of the above questions is “yes.” Refer to “Returning to a site after suspected COVID-19 symptoms” below.

If the answer to all of the above questions is “no”, check the child for signs of being sick, such as flushed cheeks, tiredness, and in the case of infants and toddlers, extreme fussiness. Keep a distance of at least 6 feet of space or have a physical barrier between you and the child or youth during assessment.

## Reducing Transmission

Keep children and youth in small groups with dedicated staff. Group sizes should total no more than 22 people. This includes all children, youth, and adults. For example, two adults and twenty children or youth or three adults and 19 children or youth. Keep each group together throughout the day. Do not combine groups, including at opening and closing, and keep staffing the same within each group every day. If you can, keep the same groups from day to day to reduce the number of children, youth and staff from multiple households who are interacting. See section below on providing staff required breaks for more information.

To allow physical distancing between people in the small groups, limit each room or space to no more than 22 people total. You can divide large spaces (like full-size gyms or cafeterias) into separate program areas by creating a barrier with equipment such as cones, chairs, or tables to maintain 6 feet between groups.

## Physical Distancing

Practice physical distancing (6 feet) within each group as much as possible. Create space between children and youth and reduce the amount of time children and youth are close with each other. Your ability to do this will depend on children and youth ages and on their developmental and physical abilities.

Practical tips to maintain physical distancing:

- Limit the number of children and youth in each program space.
- Increase the distance between children and youth during table work and meals.
- Plan activities that do not need close physical contact.
- Sports-related activities must also follow the [Governor's Guidelines for Sporting Activities](#) and [CDC Guidance for Youth Sports](#). For example, in Phase 2, youth sport activities must be conducted in groups of no more than 5, so a day camp group of 20 children or youth must be split into smaller groups of 5 anytime they are doing sports-related activities.
- Children and youth should have their own set of items to limit sharing of supplies, equipment, etc.
- Remove any items that cannot easily be cleaned and disinfected, including sand or water tables, stuffed animals, and play dough.
- Maintain six feet of distance and reduce time standing in lines.
- Increase space between cribs and nap mats to 6 feet if you can. Sleeping head to toe can help increase distance between heads for napping children.
- Increase fresh air as much as possible – through the ventilation system and/or opening windows where safe.
- Go outside more.
- Do not bring separate groups together for activities or other reasons.

## Providing staff required breaks

Keep small groups consistent. The staff and children and youth in each group should remain the same from day to day to prevent spread of the virus. It is best if the staff to child ratio allows for one staff member to take a break without having to bring another individual into the small group space.

If that is not possible and a float person is brought into the room, these practices should be followed:

- Any adult who is not a normal part of the group must wash hands immediately upon entering and upon leaving the space.
- Any person providing breaks who is not a normal part of the group must wear a cloth face covering at all times when they are in the group space.
- Consider timing when bringing in adults who are not normally part of a group to minimize close interactions with children. For example, give staff their lunch break during children's nap time so the float staff can remain 6 feet away from the children while they rest; or give 10 minute breaks when the children have just started a new, engaging activity that does not require much adult interaction; or give breaks when the group is having outside time where the risk of transmission is lower.

Staff who are taking breaks should keep a physical distance of at least 6 feet from other staff.

## Outside Play

Offer outdoor play in staggered shifts. If two or more groups are outside at the same time, they should have at least 6 feet of open space between them. Use cones, flags, tape, or other signs to create boundaries between groups. If you can, have equipment such as balls and jump ropes for each group. Always wash hands right after outdoor play time.

Topical sunscreen can be applied when provided by the parent or guardian without a prescription or note from a licensed health care professional if the product is regulated for over the counter use. Be familiar with the specific guidance in place for your program. Licensed providers must have annual authorization from the parent or guardian to administer sunscreen. More information for licensed providers can be found [in WAC 100-300-0215\(3\)\(iv\)](#) Topical sunscreen guidelines for other programs can be found in [RCW 28A.210.280](#). Youth and older children can self-apply sunscreen with proper supervision. Staff applying sunscreen must wear gloves.

## Meals and Snack Time

Provide meals and snacks in the program space and prevent large group gatherings. If you provide meals or snacks in a large lunchroom or dining hall, stagger meal times, create space between groups and avoid mixing groups. Space children and youth as far apart as you can at

the table and make sure tables are at least 6 feet apart. Consider having children and youth take their meals outside. Clean and sanitize tables before and after each group eats, and consider the use of disposable plates and meal supplies if items can't be properly washed, rinsed, and sanitized.

Eliminate family style and buffet meals, serve children and youth their snacks and meals, and ensure children and youth are not sharing food with each other. Use a washable plastic table cloth for wooden tables. The provider (not children or youth) should handle utensils and serve food to reduce spread of germs. Food should be individually plated for each child.

### Infant and Toddler Care

Infants and toddlers need to be held. To protect themselves, child care providers who care for infants and toddlers should wear a long-sleeved, button down, oversized shirt over their clothing and wear long hair up or tied back. As noted above, staff must wear cloth facial coverings unless their exposure dictates a higher level of protection (see Cloth Face Coverings for more information).

Change outer clothing if body fluids from the child get on it. Change the child's clothing if body fluids get on it. Place the soiled clothing in a plastic bag until it is washed. Wrap infants in a thin blanket when you hold them. Child care providers should wash their hands and anywhere else the child touched them (such as their neck or arm) after holding a child.

### Hygiene Practices

- Wash hands often with soap and water for at least 20 seconds under running water. Children, youth, and adults should wash hands when they arrive and enter the program space, before meals or snacks, after outside time, after going to the bathroom, after diapering or helping children with toileting, after nose blowing or sneezing, and before leaving to go home. Help young children to make sure they are doing it right.
- All programs, including outdoor programs, should be in areas that have adequate handwashing facilities on site. If a program must operate where there are not sufficient facilities, temporary handwashing stations with running water must be set up.
- When soap and water are not readily available, use an alcohol-based hand gel with at least 60% alcohol and preferably fragrance-free. Alcohol-based hand gel is not a substitute for handwashing when hands are dirty, after diapering or toileting, or before eating. Wash hands with soap and water as soon as possible. Per child care rules, alcohol-based hand gels are not allowed for children under age 2.
- Children, youth, families, and staff should not touch their eyes, nose, and mouth with unwashed hands.
- Cover coughs or sneezes with a tissue, then throw the tissue in the trash. Clean hands with soap and water or hand gel.

## Cloth Face Coverings

Wearing cloth face coverings may help prevent the spread of COVID-19 and is recommended. See the [Washington State Department of Health Guidance on Cloth Face Coverings](#) and [CDC Recommendation Regarding the Use of Cloth Face Coverings](#) for more information.

For staff, cloth facial coverings must be worn by every individual not working alone at the location unless their exposure dictates a higher level of protection under Department of Labor & Industries safety and health rules and guidance. Refer to [Coronavirus Facial Covering and Mask Requirements](#) for additional details.

Children and youth age five years or older must wear cloth face coverings at child care, preschool, or day camp when indoors. Children age two to four years may wear cloth face coverings.

- Cloth face coverings should not be worn by:
  - Children younger than age 2 years.
  - Those with a disability that prevents them from comfortably wearing or removing a face covering.
  - Those with certain respiratory conditions or trouble breathing.
  - Those who are deaf or hard of hearing and use facial and mouth movements as part of communication.
  - Those advised by a medical, legal, or behavioral health professional that wearing a face covering may pose a risk to that person.
- Children and youth may use face shields as an alternative to a cloth face covering. If used, face shields should extend below the chin, to the ears, and have no gap at the forehead. A drape may offer more protection.
- Younger children must be supervised when wearing a cloth face covering and will need help putting them on, taking them off, and getting used to wearing them.
- Even if cloth face coverings are worn, it is important to continue to practice proper physical distancing.
- Children and youth may remove cloth face coverings to eat and drink and when they go outdoors for recess, physical education, or other activities.

## Transportation

Avoid transporting children or youth to the degree possible at this time. If you must provide transportation, create space between riders. For example, one rider per seat in every other row. Transportation that mixes the small groups of children should be avoided. Keep windows open to help reduce the spread of the virus. Cloth face coverings should be worn by all. Clean buses with a third party certified, fragrance-free green



cleaner and microfiber cloths. Clean and disinfect handrails. Keep windows open to prevent buildup of chemicals that cause eye and respiratory problems.

Per, CDC guidance, avoid activities and events such as field trips and special performances.

## What to do if someone develops signs of COVID-19

To prepare for the potential of program attendees or staff showing symptoms while at the program, programs should have a response and communication plan in place that includes communication with staff, families, and their [local health jurisdiction](#).

If a child, youth or staff member develops signs of COVID-19 (see list under health screenings on page 3), separate the person away from others, with supervision at a distance of 6 feet, until the sick person can leave. While waiting to leave the program, the individual with symptoms should wear a cloth face covering or mask if tolerated. Air out and then clean and disinfect the areas the person was in after they leave.

The person with symptoms should follow [DOH guidance for what to do if you have symptoms for COVID-19 and have not been around anyone who has been diagnosed with COVID-19](#). Ask the employee or child's parent or caregiver to inform the program right away if the person is diagnosed with COVID-19.

If a child, youth or staff member tests positive for COVID-19, all members of the infected person's group in the program is a close contact and should self-quarantine for 14 days. Refer to ["What to do if you were potentially exposed to someone with confirmed coronavirus disease \(COVID-19\)?"](#).

## Returning to a program after suspected signs of COVID-19

A staff member, child, or youth who had signs of suspected or confirmed COVID-19 can return to the program when:

- At least 3 days (72 hours) have passed since recovery – defined as no fever without the use of medications and improvement in respiratory signs like cough and shortness of breath;

**AND**

- At least 10 days have passed since signs first showed up.

**OR**

- It has been at least 3 days (72 hours) since recovery AND a health care professional provides a note that the student does not have suspected or confirmed COVID-19 and may return to care.

If a person believes they have had close contact to someone with COVID-19, but they are not sick, they should watch their health for signs of fever, cough, shortness of breath, and other COVID-19 [symptoms](#) during the 14 days after the last day they were in close contact with the sick person with COVID-19. They should not go to work, child care, school, or public places for 14 days.

## Cleaning and disinfecting procedures

Clean, sanitize, and disinfect throughout the day. Follow licensing guidance, but increase how often you clean.

- *Cleaning* removes germs, dirt, food, body fluids, and other material. Cleaning increases the benefit of sanitizing or disinfecting.
- *Sanitizing* reduces germs on surfaces to levels that are safe.
- *Disinfecting* kills germs on surfaces of a clean object.
- The U.S. Environmental Protection Agency (EPA) regulates sanitizer and disinfectant chemicals. If you sanitize or disinfect without cleaning first, it will reduce how well these chemicals work and may leave more germs on the surface.

Current [guidance for cleaning and disinfection for COVID-19](#) from the CDC states that disinfectants should be registered by the EPA for use against the novel coronavirus. See [List N: Disinfectants for Use Against SARS-CoV-2](#). Disinfectants based on hydrogen peroxide or alcohol are safer. The University of Washington has a handout with options for [safer cleaning and disinfecting products](#) that work well against COVID-19.

If you use a bleach and water mixture for disinfection, mix it at a concentration of 4 teaspoons of 6% bleach per quart of cool water or 5 tablespoons 6% bleach (1/3 cup) per gallon of cool water (1000 ppm). Thoroughly clean surfaces with soap and water and remove the soap with water before applying the bleach solution. Keep the surface wet for at least one minute.

Always follow the disinfectant instructions on the label:

- Use disinfectants in a ventilated space. *Heavy use of disinfectant products should be done when children and youth are not present and the indoor area can air out before the program continues.*
- Use the proper concentration of disinfectant.
- Keep the disinfectant on the surface for the required wet contact time.
- Follow the product label warnings and instructions for PPE such as gloves, eye protection, and ventilation.
- Keep all chemicals out of reach of children.

- Programs must have a Safety Data Sheet (SDS) for each chemical used by the program.
- Parents, teachers and staff should not supply disinfectants and sanitizers.

More information about cleaning, disinfecting and choosing safer products is on the [DOH COVID-19 website](#). If your program is in a public school building, coordinate the use of chemical products with the school maintenance staff. Clean and sanitize toys, equipment, and surfaces in the program space. Clean and disinfect high touch surfaces like doorknobs, faucet handles, check-in counters, and restrooms. Use alcohol wipes or 70% isopropyl alcohol to clean keyboards and electronics. Outdoor areas generally require normal routine cleaning and do not require disinfection. Wash hands after you clean.

If groups of children or youth are moving from one area to another in shifts, finish cleaning before the new group enters this area. Clean and disinfect high touch surfaces each night after children and youth leave.

### Carpets

Vacuum daily when children and youth are not present. HEPA (high efficiency particulate air) filter equipped vacuums or HEPA vacuum bags will help remove dust and particles. Use a blanket or towel on carpeted floors under infants or young toddlers. For licensed child care programs, follow child care standards for how often you should shampoo the carpet ([WAC 100-300-0241\(11\)](#) cleaning schedules)

### Outdoor Areas

Outdoor areas, like playgrounds in child care, preschool, schools and parks, generally require normal routine cleaning, but do not require disinfection.

- Do not spray disinfectant on outdoor playgrounds—it is not an efficient use of supplies and is not proven to reduce risk of COVID-19 to the public.
- High-touch surfaces made of plastic or metal, such as grab bars and railings, should be cleaned routinely.
- Cleaning and disinfection of wooden surfaces (play structures, benches, tables) or groundcovers (mulch, sand) is not recommended.

### Ventilation

There is no special cleaning or disinfection for heating, ventilation, and air conditioning (HVAC) systems. Ventilation is important to have good indoor air quality. Offer more outside time, open windows often, and adjust the HVAC system to allow the maximum amount of outside air to enter the program space. Use of fans for cooling is okay. They should blow away from people.

## Hands-On Materials and Equipment

Limit shared materials to those you can easily clean, sanitize and disinfect. Clean and sanitize hands-on materials and equipment often and after each use. Individual labeled containers or bins can be used for each child or youth. Examples include sensory bins, art supplies, etc. Use separate bins of toys for each infant or toddler as they tend to put toys in their mouths.

Some items cannot be cleaned and sanitized. This includes things like playdough and sensory or water tables, stuffed animals, and dress up clothes. These items should be removed from the program unless they are individually assigned and labeled. Rotate toys that are out at any one time, so they can be cleaned and sanitized. Books and other paper-based materials are not high risk for spreading the virus.

## COVID-19 Resources for Child Care, Youth Development and Summer Day Camps

- DOH: [K-12 School Nurse and Administrator Resources & Recommendations](#)
- DOH: [Handwashing to Prevent Illness at School](#)
- DOH: [Classroom Cleaning - Tips for Teachers](#)
- DOH: [Cleaning and Disinfection for Asthma Safe Schools](#)
- DOH: [Recommend or Order Closure of Child Care Facilities](#)
- L&I: [Workplace Safety and Health Requirements for Employers](#)
- L&I: [Which Mask for the Task?](#)
- CDC: [Interim guidance for Schools and Child Care](#)
- CDC: [Supplemental Guidance for Childcare Programs that Remain Open](#)
- CDC: [Considerations for Youth and Summer Camps](#)
- AAP: [Cloth Face Coverings for Children during COVID-19](#)
- [Just For Kids: A Comic Exploring the New Coronavirus](#)
- [Public Health Seattle-King County Child Care Recommendations](#)
- [Snohomish Health District COVID-19 Information for Schools and Child Care](#)

## More COVID-19 Information and Resources

Stay up-to-date on the [current COVID-19 situation in Washington](#), [Governor Inslee's proclamations](#), [symptoms](#), [how it spreads](#), and [how and when people should get tested](#). See our [Frequently Asked Questions](#) for more information.

The risk of COVID-19 is not connected to race, ethnicity or nationality. [Stigma will not help to fight the illness](#). Share accurate information with others to keep rumors and misinformation from spreading.

- [WA State Department of Health 2019 Novel Coronavirus Outbreak \(COVID-19\)](#)
- [WA State Coronavirus Response \(COVID-19\)](#)
- [Find Your Local Health Department or District](#)

- [CDC Coronavirus \(COVID-19\)](#)
- [Stigma Reduction Resources](#)

**Have more questions about COVID-19?** Call our hotline: **1-800-525-0127**. For interpretative services, **press #** when they answer and **say your language**. (Open from 6 a.m. to 10 p.m.) For questions about your own health, COVID-19 testing, or testing results, please contact your health care provider.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 ([Washington Relay](#)) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).